

54
2-13-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Lexington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 59th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 20 yrs.
years, months or days

3. (a) PRINT FULL NAME ROBERT YOUNG

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex ma

5. Color or race 1

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Jane Young

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased like 3 1917
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>26</u>	<u>8</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace 63rd St. Kan.
(City, town, or county) (State or foreign country)

10. Usual occupation Silkman

MOTHER FATHER

11. Industry or business _____

12. Name Wm Young

13. Birthplace Princeton Mo
(City, town, or county) (State or foreign country)

14. Maiden name Wesley Barber

15. Birthplace Princeton Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary J. Young

(b) Address Lexington Mo

17. (a) Burial (b) Date thereof 8-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo

18. (c) Signature of funeral director Samuel J. Murphy

(b) Address Lexington Mo

19. (a) Sept-25-1944 (b) Mrs. Fred Schwab
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Lafayette

(c) City or town Lexington 54
(If outside city or town limits, write "RURAL")

(d) Street No. 59th St 3
(If rural, give location) 2

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1944 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 2 1944 to Aug 23 1944
that I last saw him alive on Aug 22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism - thrombotic type

Due to _____

Due to _____

Other conditions 1248
(Include pregnancy within 5 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Lexington Mo Date signed 9/24/44

1158

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed *10-11-47*

APR 26 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Garret F. Kimpel*

Licensed Embalmer No. *3275*

P. O. Address *Livingston, N.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.